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Date: December 8, 2004 Name: K. Shannon Mrksich, Ph.D. Signature: *S. Mrksich*

BRINKS
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& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Hikaru Matsuda et al.

Appln. No.: 10/675,254

Examiner:

Filed: September 30, 2003

Art Unit:

For: SYSTEM AND METHOD FOR INJECTING
LIQUID DRUG CONTAINING BIOLOGICAL
MATERIAL

Attorney Docket No: 12289/3

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
 Return Receipt Postcard

Fee calculation:

No additional fee is required.
 Small Entity.
 An extension fee in an amount of \$____ for a ____-month extension of time under 37 C.F.R. § 1.136(a).
 A petition or processing fee in an amount of \$____ under 37 C.F.R. § 1.17(____).
 An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Not a Small Entity		
					Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$9=			x \$18=	
Indep.		Minus			x 44=			x \$88=	
First Presentation of Multiple Dep. Claim					+\$150=			+\$300=	
					Total	\$		Total	\$

Fee payment:

A check in the amount of \$____ is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$____. A copy of this Transmittal is enclosed for this purpose.
 Payment by credit card in the amount of \$____ (Form PTO-2038 is attached).
 The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

S. Mrksich

December 8, 2004

Date

K. Shannon Mrksich, Ph.D. (Reg. No. 36,675)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/675,254
Filing Date	September 30, 2003
First Named Inventor	Hikaru Matsuda et al.
Art Unit	
Examiner Name	
Attorney Docket Number	12289/3

To: Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney for the above identified application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Transfer per client's instructions

CHANGE OF CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Charles F. Hauff, Jr. Snell & Wilmer L.L.P.				
Address	One Arizona Center				
City	Phoenix	State	AZ	Zip	85004-2202
Country	U.S.				
Telephone	PH: (602) 382-6314		Fax	Fax: (602) 382-6070	
Signature	<u>K. S. Mrksich</u>				
Name	K. Shannon Mrksich, Ph.D.	Registration No.	36,675		
Date	December 8, 2004	Telephone No.	(312) 321-4200		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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